

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN -2 PM 12:33

DOCUMENT # **N95000006056**

1. Corporation Name

IGLESIA BAUTISTA CANAAN INC.

Principal Place of Business

Mailing Address

10455 SW 27 ST.
MIAMI FL 33165

10455 SW 27 ST.
MIAMI FL 33165



REINSTATEMENT 01

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
11940 SW 8TH ST

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
MIAMI FL

Suite, Apt. #, etc.
11940 SW 8TH ST.

City & State

City & State
MIAMI FL

Zip **33184** Country **U.S.A.**

Zip **33184** Country **U.S.A.**

4. Date Incorporated or Qualified
To Do Business in Florida

12/19/1995

5. FEI Number

65-0651066

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	FLETES, ALBERTO	14243 SW 163 TR.	MIAMI FL 33177
D	LOZANO, NOEL	13270 SW 58112 #2	MIAMI FL 33183
D	QUINTANA, ALVARO D	2130 S.W. 122 AVENUE #1	MIAMI FL 33175
D	GUTIERREZ, SAMUEL	10455 SW 27 ST.	MIAMI FL 33165

8. Name and Address of Current Registered Agent

GUTIERREZ, SAMUEL
10455 SW 27 ST.
MIAMI FL 33165

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Date **11-18-01**

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-18-01 551 0008

CR2E040 (8/01)